CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		- OVER OTHER TO T	
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
TO WILL	NICKNAME LAST SUFFIX	Date Received 9 T	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE # CITY; STATE; ZIP CODE S.A. TX 7204	Date Hand-delivered of Date Peerman (C)	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (20) 224 - 400	Receipt # Amount	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI F. NICKNAME LAST SUFFIX	Date Processed Date Imaged	
	Lanua		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: 273 Lansing Lan S. A. 7	x 78207	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH 6/30	Year / O 4	
11 ELECTION	Month Day Year ELECTION TYPE Primary Runoff	General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know)	n)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the can Candidates are required to disclose this information only if they receive notification of the dire	didate's prior consent or approval. et campaign expenditure. ••	
BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	164	ACCOUNT # (Ethics Commission filers)	
	Savid A Garria		
17 NOTICE FROM POLITICAL COMMITTEE(S)	** This box is for notice of political expenditures by political committees to support the candidate / may have been made without the candidate's or officeholder's knowledge or consent. Candidates at this information only if they receive notice of such expenditures. **	nd officeholders are required to report	
	COMMITTEE TYPE COMMITTEE TYPE DISTYST S (MINISTEE NAME) COMMITTEE NAME COM	wign to wedness David Alam	
	Specific 101 Stringers SATX 78204	C11)	
additional pages	COMMITTEE CAMPAIGN TREASURER NAME. Venancio F. Cavili COMMITTEE CAMPAIGN TREASURER ADDRESS	JUL - CRECEIV	
	283 Lansing Law S.K.	7x 7820 7	
18 CONTRIBUTION TOTALS	 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 	\$ ~~~	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,000 00	
19 AFFIDAVIT			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. My Commission Expires			
February 06, 2005			
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said PAUIN A GARLIA, this the 15H, day			
of July , 20 0, to certify which; witness my hand and seal of office.			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			